COLORADO
Department of Health Care Policy & Financing

# MINUTES FOR THE
# ACC Program Improvement
# Provider & Community Issues Sub-committee

Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive, Rachel Carson Conference Room

September 10th, 2015

## 1. Introductions

### A. In-person Attendees

Matt Lanphier (HCPF), Todd Lessley (Salud), Marija Weeden-Osborn (CCHN), Josie Dostie (CCHA), Aubrey Hill (CCMU), Kevin Dunlevy-Wilson (HCPF), Meredith Henry (CDPHE), Lila Cummings (HCPF), Brenda VonStar, Susan Diamond (CCCC), Susan Mathieu (HCPF)

### B. Phone Attendees

Jill Atkinson, Shera Matthews (Doctors Care), Heather Brozek (CCHA), Marceil Case (HCPF), Brooke Powers (ClinicNet), Barb Young (CCCC), Jen Dunn (CRHC), Heather Logan (MCPN), Jennifer West (CCCC), Kristin Trainor (CCHA), Leslie Reeder (Steadman Group), Pamela Doyle, Torrey Powers (ADT), Terri Hurst (CCJRC)

## 2. Announcements

There were no announcements this month.

## 3. Approval of Minutes

Minutes were approved.

## 4. Consumer Input/ Client Experience

Brenda VonStar: Nurse practitioner (Deanna) sent her a note stating that there is only one dermatologist for the entire Front Range serving Medicaid adults. This practitioner is being inundated. Patients are being told by Denver Health and University Physicians that Medicaid clients will need to wait one year for an appointment.

Marceil Case: There are other dermatologists in the Front Range. I'm not sure how long the wait is for these providers. We also spoke with Deanna, and the main concern voiced to us is that Medicaid specialty reimbursement rates are simply too low and that unless we raise our rates to be on par with Medicare we aren't going to get anywhere. We've been working with Deanna to address her concerns as best we can. We understand the issue and we're working with providers to figure out a solution.

Brenda VonStar: My concern is that there is a year wait for Denver Health or UPI.

Marceil Case: I completely agree. We have to use our resources and leverage our relationships to solve some of these issues. We've had instances where a client has an urgent issue and we've been able to broker an earlier appointment by having the RCCO reach out to their provider network and figure something out.

Brenda VonStar: Still, I think we should investigate the year long time wait.

Todd Lessley: Perhaps we can look into this specific situation a little bit more, and then next month when we talk about specialty access in general.

## 5. Recommendations Review

Matt Lanphier reviewed recommendations 1-14 of the current recommendations tracking list to see if the group would like to review or discuss any of the items in future months. Some notable items were;

#4: The group asked for an update on the hospital outreach and participation in public forums.

#5: The group asked for an update on ADT data, specifically with regards to how it is being used by the RCCOs

#7: The groups asked for an update on the use of the CHP+ history to attribute clients.

#14: The group would like an update on how many providers fall into the non-traditional category.

With regards to recommendation #13, Marceil announced that she was working on a standardized dismissal policy for the Department.

Shera Matthews: We've been told we do have permission for immediate dismissal for abusive and violent behavior. Is this correct?

Marceil Case: Absolutely. If anyone is threatening or abusive then clients can be dismissed immediately.

Julie Farrar: We are working on the disability competent care tool and requirements for the MMP program. I think there needs to be an understanding of disability related behavior and an understanding that mental illness is not an excuse for bad behavior but cultural competencies need to be taken into consideration with regards to dismissals.

The group agreed that they would suspend the recommendations discussion in the interest of time and continue next month.

## 6. Enrollment Broker

Todd Lessley: We've been discussing the enrollment broker for some time in this sub-committee. We as a sub-committee have had some concerns regarding the workflow of the enrollment broker and the efficiency of the enrollment broker. What we'd like today is to open up for conversation and check-in just to see how we're doing now and to think about improvements for the future.

Matt Lanphier discussed some of the concerns of the group, including wait times, the fax form, the upcoming attribution policy change, and the inability of the provider to assist a client in choosing a PCMP using the online form.

Allison Heyne: The enrollment broker does have to answer calls within 4 minutes to meet their performance goals. They have been meeting that goal. We're happy to discuss any concerns providers might still have with the enrollment broker. With regards to the attribution change, we are discussing the change with the enrollment broker right now. With regards to the fax sheet, you can submit the fax form via e-mail so long as the e-mail is encrypted. There is also an electronic form online that can be submitted via the website.

Josie Dostie: Can we get notification when one of our providers is approaching their panel limit? That way we don't have to find out when someone is in the provider's office and calling to select their PCMP.

Brenda VonStar: With regards to general enrollment issues, getting county jail patients enrolled in Medicaid seems to be difficult. Most of these clients are transient and may have some serious medical problems. They don't have a lot of time lead in preparing for their application and the workers aren't necessarily prepared to help them either.

Susan Diamond: We're also finding that getting them into Medicaid might be possible by the time they are released, but that clients aren't enrolled into the RCCO

for 3 or 4 months. Our CMs therefore can't work with these clients until they are enrolled in the RCCO.

Susan Mathieu: That's something we are aware of. These clients are however enrolled into the BHO as soon as they receive Medicaid, so it might be something where the RCCO and BHO can work together to provide care management for these clients.

Todd Lessley: Back to the enrollment broker, I would just say that clients don't always understand the value of being enrolled with a PCMP. We provide education to our own clients. But as we continue to look at enrollment and attribution, we need to consider efficiency and the ability of the clients to access care. As technology advances, the concept of a fax is somewhat archaic. We understand that the electronic form is available, but that's something only the client can utilize.

Susan Mathieu: We did look at the capability on the website to select a PCMP, but there were some systems limitations in that regard. It's something that we want to continue to explore and something that could potentially be available in the future.

Todd Lessley: I would recommend expanding the **online** form and maybe having it replace the fax form going forward.

## 7. PIAC Calendar

Kevin JD Wilson went over the PIAC calendar for the next few months. During this time, issues regarding ACC 2.0 will be brought to the PIAC and feedback will be solicited from the group and sub-committees.

Susan Mathieu: We've heard loud and clear that it will be helpful to get topics out in advance, and we are working to accommodate that request.

Aubrey Hill: We appreciate you listening to us and building this out and using PIAC in an advisory capacity.

Todd Lessley: How would the Department like to receive feedback from PIAC and the sub-committees regarding the items listed on the calendar?

Susan Mathieu: We aren't necessarily looking for votes or consensus, but the dialogue and discussion is always helpful and we would like to use that input and

incorporate it into our policies to the extent possible. There will be recommendations in conflict with one another, and we understand that.

Todd Lessley: For the outcomes and indicators discussion, what can we do to prepare for that discussion?

Kevin JD Wilson: We do have some specific questions outlined on the document. For instance, we'd like to know what kinds of indicators you all need to see to measure the progress of the program.

## 8. Addressing Unique Population Needs Document

Lila Cummings: With regards to the documents on addressing unique population needs – the cube model is meant to be seen as a first step in identifying and thinking about a care coordination strategy and not a strategy unto itself. It should be seen more as an initial health risks assessment.

Note: The referenced model can be found on the Department's P&CI website, under September 2015 handouts.

Aubrey Hill: I think the cube is great in getting us more organized in how we think about care coordination. I think it's also important that we think about not labelling people and keeping them labelled that way in perpetuity.

Meredith Henry: It's also important that children don't get lost in thinking about care coordination.

Todd Lessley: The second to last bullet on the population needs document – I would recommend standardizing care coordination practices – especially in considering the practices who have to function in multiple RAEs or RCCOs.

Aubrey Hill: CCMU did a lot of work in trying to prioritize social determinants of health and which social determinants have the biggest impact on health. We found that transportation and language access are particularly important.

Meredith Henry: Also when you're looking at the particular needs of children, it's important to think about the needs of the entire family as well.

Brenda VonStar: The social needs are something that is very much transient and can change very quickly. Access to transportation for instance can change very quickly.

Lila Cummings: Allowing for that flexibility is an important consideration.

## 9. Outcomes and Indicators Document

Kevin JD Wilson introduced the Outcomes and Indicators document.

Kevin JD Wilson: We focused on the IOM (Institute of Medicine) measures. We really need your help in figuring out the right focus measures for ACC 2.0 and determining which of these measures are really demonstrating values.

Meredith Henry: Will these measures influence future KPIs?

Kevin JD Wilson: They could. Not necessarily. We would expect there to be far more metrics to track the program and make sure it's achieving its goals and the KPIs would be a much smaller set of measures. Those are still discussion that need to happen, though and I can't say with any degree of certitude where everything will end up with regards to KPIs and measures.

Next meeting 10/08/15. PLEASE NOTE: ALL FUTURE MEETINGS WILL BE HELD ON THE SECOND THURSDAY OF THE MONTH. THE LOCATION MAY CHANGE MONTH TO MONTH. NOTICE WILL BE SENT ACCORDINGLY.

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